

Registration District No. 656

Primary Registration District No. 5873

0005

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Permisat
(b) City or town Steele (Rural) (Outside limits)
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME James A. White

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
About 62

9. Birthplace Mississipi
(City, town, or county) (State or foreign country)

10. Usual occupation farm labour

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Gavett

(b) Address Steele, Mo

17. (a) Burial (b) Date thereof 8-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holly Grove

18. (a) Signature of funeral director Perman Undert Co

(b) Address Steele, Mo

19. (a) 9-13-41 (b) Tom Bugare
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permisat ⁷⁸

(c) City or town Steele Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9
year 1941 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from 6-2-41
_____, 19____, to 8-9-41, 19____

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 2000

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature J.P. Chapman (M. D. or other) ⁷⁹

Address Steele, Mo Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed William C Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.